



03500.008301.1

PATENT APPLICATION

#25 Rec
D702
7/2/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

MASAKAZU MORISHITA

Application No.: 08/250,942

Filed: May 31, 1994

For: SEMICONDUCTOR DEVICE

Examiner: S. Loke

Group Art Unit: 2811

December 6, 2002

Commissioner for Patents
Washington, D.C. 20231

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PRELIMINARY AMENDMENT

Sir:

Prior to issuance of a first action, please amend the above-identified File

Wrapper Continuing application as follows:

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IN THE TITLE

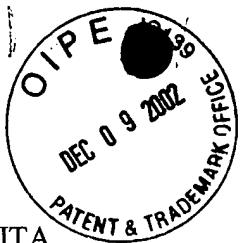
Please replace the title on file with the following title:

--SEMICONDUCTOR DEVICE INCLUDING A GATE-INSULATED
TRANSISTOR--

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T-2800 MAIL ROOM

IN THE CLAIMS

Please cancel Claims 23 and 34 without prejudice and without disclaimer of
subject matter.



In re Application of:

MASAKAZU MORISHITA

Application No.: 08/250,942

Filed: May 31, 1994

For: SEMICONDUCTOR DEVICE

Docket No. 03500.008301.1

Examiner: S. Loke

Group Art Unit: 2811

Date: December 6, 2002

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 33	MINUS	** 35	= 0	x \$9 \$18	\$ 000.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$84	\$ 000.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 000.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

°Verified Statement claiming small entity status is enclosed, if not filed previously.

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GROUP 3600

RECEIVED
MAR 19 2003
TIC 2800 MAIL ROOM

A check in the amount of \$_____ is enclosed.

Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

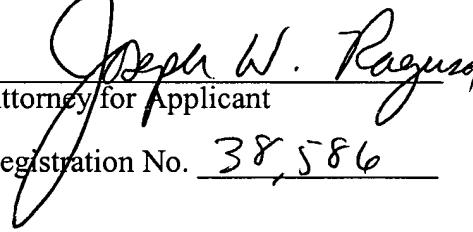
Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.

Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Registration No. 38,586

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3801
Facsimile: (212) 218-2200